

**FORM INS-1****Due 05/02/05****MAINE ESTIMATED QUARTERLY RETURN FOR
PREMIUM AND/OR WORKERS COMPENSATION INSURANCE TAX****1st Quarter 2005, 01/01/05 - 03/31/05****Instructions and worksheet are on the other side of this return.**

Company _____

Insurance Account Number _____

Address _____

You are not required to file estimated quarterly returns if:

1. you are a Risk Retention Group and file only an annual Insurance Premium Tax Return, Form INS-4, or
2. your annual tax obligation does not exceed \$500 and you obtain approval from the State Tax Assessor to file only an annual return.

* Signature _____

Estimated Payment

Name/Title _____

(see instructions) \$ _____ .00

Telephone _____

PAYMENT MUST ACCOMPANY RETURN

*Must be signed by the President, Treasurer, Secretary, Chief Accounting Officer, or Attorney-in-Fact of a Reciprocal Insurer.

Make check payable to : Treasurer, State of Maine
Send return with check to: Maine Revenue Services, P.O.Box 9120,
Augusta, ME 04332-9120**FORM INS-1****Due 06/27/05****MAINE ESTIMATED QUARTERLY RETURN FOR
PREMIUM AND/OR WORKERS COMPENSATION INSURANCE TAX****2nd Quarter 2005, 04/01/05 - 06/30/05****Instructions and worksheet are on the other side of this return.**

Company _____

Insurance Account Number _____

Address _____

You are not required to file estimated quarterly returns if:

1. you are a Risk Retention Group and file only an annual Insurance Premium Tax Return, Form INS-4, or
2. your annual tax obligation does not exceed \$500 and you obtain approval from the State Tax Assessor to file only an annual return.

* Signature _____

Estimated Payment

Name/Title _____

(see instructions) \$ _____ .00

Telephone _____

PAYMENT MUST ACCOMPANY RETURN

*Must be signed by the President, Treasurer, Secretary, Chief Accounting Officer, or Attorney-in-Fact of a Reciprocal Insurer.

Make check payable to : Treasurer, State of Maine
Send return with check to: Maine Revenue Services, P.O.Box 9120,
Augusta, ME 04332-9120**FORM INS-1****Due 10/31/05****MAINE ESTIMATED QUARTERLY RETURN FOR
PREMIUM AND/OR WORKERS COMPENSATION INSURANCE TAX****3rd Quarter 2005, 07/01/05 - 09/30/05****Instructions and worksheet are on the other side of this return.**

Company _____

Insurance Account Number _____

Address _____

You are not required to file estimated quarterly returns if:

1. you are a Risk Retention Group and file only an annual Insurance Premium Tax Return, Form INS-4, or
2. your annual tax obligation does not exceed \$500 and you obtain approval from the State Tax Assessor to file only an annual return.

* Signature _____

Estimated Payment

Name/Title _____

(see instructions) \$ _____ .00

Telephone _____

PAYMENT MUST ACCOMPANY RETURN

*Must be signed by the President, Treasurer, Secretary, Chief Accounting Officer, or Attorney-in-Fact of a Reciprocal Insurer.

Make check payable to : Treasurer, State of Maine
Send return with check to: Maine Revenue Services, P.O.Box 9120,
Augusta, ME 04332-9120

INSTRUCTIONS

Line 1: Quarterly Tax Estimate. For first quarter, this line must equal 35% of total annual liability. \$.00

Line 2: Carry-over From Prior Year. If Form INS-4 for the previous year requested carry-over of an overpayment, enter the carry-over here. You may subtract it from the quarterly payment(s) due for the current year. A carry-over not fully used in the first quarter may be used in subsequent quarters until fully used. \$.00

Line 3: Estimated Payment. Subtract Line 2 from Line 1. Enter result here and in Estimated Payment space on front of form. (If less than zero, enter zero) \$.00

INTEREST & PENALTY

The State Tax Assessor establishes the interest rate each year. Beginning January 1, 2005, the interest rate is 0.667% per month; 8% per year, compounded monthly.

The penalty for failure to file a return is the greater of \$25 or 10% of the tax due, unless the return is filed more than 30 days after the receipt of a demand notice from the State Tax Assessor, in which case the failure-to-file penalty becomes 100% of the tax otherwise due.

The penalty for failure to pay a tax liability timely is 1% of the outstanding liability for each month or fraction thereof during which the failure continues, to a maximum of 25% of the outstanding liability.

INSTRUCTIONS

Line 1: Quarterly Tax Estimate. For second quarter, this line must equal 35% of total annual liability. \$.00

Line 2: Carry-over From Prior Year. If Form INS-4 for the previous year requested carry-over of an overpayment, and the carry-over was not fully used in the first quarter, enter the unused portion of it here. You may subtract it from the quarterly payment(s) due for the current year until it is fully used. \$.00

Line 3: Estimated Payment. Subtract Line 2 from Line 1. Enter result here and in Estimated Payment space on front of form. (If less than zero, enter zero) \$.00

INTEREST & PENALTY

The State Tax Assessor establishes the interest rate each year. Beginning January 1, 2005, the interest rate is 0.667% per month; 8% per year, compounded monthly.

The penalty for failure to file a return is the greater of \$25 or 10% of the tax due, unless the return is filed more than 30 days after the receipt of a demand notice from the State Tax Assessor, in which case the failure-to-file penalty becomes 100% of the tax otherwise due.

The penalty for failure to pay a tax liability timely is 1% of the outstanding liability for each month or fraction thereof during which the failure continues, to a maximum of 25% of the outstanding liability.

INSTRUCTIONS

Line 1: Quarterly Tax Estimate. For third quarter, this line must equal 15% of total annual liability. \$.00

Line 2: Carry-over From Prior Year. If Form INS-4 for the previous year requested carry-over of an overpayment, and the carry-over was not fully used in the first and second quarters, enter the unused portion of it here. You may subtract it from the quarterly payment(s) due for the current year until it is fully used. . \$.00

Line 3: Special Assessment Credit. Beginning July 1, 2005, every fire insurance company that paid the special assessment after July 1, 2002 may take a credit against its premium tax owed equal to the special assessment paid in the same month during fiscal year July 1, 2002 to June 30, 2003. Enter amount here. \$.00

Line 4: Estimated Payment. Subtract Lines 2 and 3 from Line 1. Enter result here and in Estimated Payment space on front of form. (If less than zero, enter zero) \$.00

INTEREST & PENALTY

The State Tax Assessor establishes the interest rate each year. Beginning January 1, 2005, the interest rate is 0.667% per month; 8% per year, compounded monthly.

The penalty for failure to file a return is the greater of \$25 or 10% of the tax due, unless the return is filed more than 30 days after the receipt of a demand notice from the State Tax Assessor, in which case the failure-to-file penalty becomes 100% of the tax otherwise due.

The penalty for failure to pay a tax liability timely is 1% of the outstanding liability for each month or fraction thereof during which the failure continues, to a maximum of 25% of the outstanding liability.